

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025407

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 27

STATE FILE NUMBER

FILED JUN 19 1963

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hooker		c. CITY OR TOWN Hooker	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print)	First Ebert	Middle Clayton	Last Aycock	4. DATE OF DEATH Month June	Day 8	Year 1963
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 18 1922	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY U S Army	11. BIRTHPLACE (City and state or country) Knoxville Arkansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Jack Aycock	13b. MOTHER'S MAIDEN NAME Bethal Murphy	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	17. INFORMANT Stuttgart Arkansas Lewis Roberts Rt2 Box 21
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis	INTERVAL BETWEEN ONSET AND DEATH Sudden
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) unknown	DUE TO (c)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from never to never and last saw him alive on never	Death occurred at unknown P on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. E. Aycock	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 6-8-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-9-63	23c. NAME OF CEMETERY OR CREMATORY Lone Tree Cemetery	23d. LOCATION (City, town, or county) (State) Stuttgart Arkansas
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24. FUNERAL DIRECTOR Moss-Williams Waynesville, Mo	25. DATE RECD. BY LOCAL REG. 6-9-63	26. REGISTRAR'S SIGNATURE Guthrie Anderson
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0850
2 0850
3
4 0
5 3
6
7 1
8 2
9 4201
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11
12 90-2
13 1-0

JUN 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.